

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

1052012357204

**CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY**

1201219083837

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A NAME OF CHILD FIRST	1B MIDDLE	1C LAST
	SIRE	-	JACKSON
PLACE OF BIRTH	2 SEX	3A THIS BIRTH, SINGLE, TWIN ETC	3B IF MULTIPLE THIS CHILD 1ST, 2ND, ETC
	MALE	SINGLE	-
FATHER/PARENT	4A DATE OF BIRTH MM/DD/CCYY	4B HOUR 24 HOUR CLOCK TIME	
	09/01/2012	1943	
MOTHER/PARENT	5A PLACE OF BIRTH NAME OF HOSPITAL OR FACILITY	5B STREET ADDRESS STREET AND NUMBER OR LOCATION	
	PROVIDENCE ST JOSEPH MED CTR	501 S. BUENA VISTA ST.	
INFORMANT AND BIRTH CERTIFICATION	5C CITY	5D COUNTY	
	BURBANK	LOS ANGELES	
FATHER/PARENT	6A NAME OF FATHER/PARENT FIRST	6B MIDDLE	6C LAST
	-	-	-
MOTHER/PARENT	7 BIRTHPLACE STATE/COUNTRY	8 DATE OF BIRTH MM/DD/CCYY	
	PHILIPPINES	02/08/1987	
INFORMANT AND BIRTH CERTIFICATION	8A NAME OF MOTHER/PARENT FIRST	8B MIDDLE	8C LAST BIRTH NAME
	DAPHNE JOY	CERVANTES	NARVAEZ
INFORMANT AND BIRTH CERTIFICATION	9 BIRTHPLACE STATE/COUNTRY	10 DATE OF BIRTH MM/DD/CCYY	
	PHILIPPINES	02/08/1987	
INFORMANT AND BIRTH CERTIFICATION	1 I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	12A PARENT OR OTHER INFORMANT SIGNATURE	12B RELATIONSHIP TO CHILD
	1 I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE HOUR AND PLACE STATED	[REDACTED]	MOTHER
INFORMANT AND BIRTH CERTIFICATION	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT	13A ATTENDANT/CERTIFIER SIGNATURE AND DEGREE OR TITLE	13B LICENSE NUMBER
	CHERYL TWU, DO, 2601 WEST AVE #212, BURBANK	[REDACTED]	20A10647
LOCAL REGISTRAR	11 DATE OF BIRTH MM/DD/CCYY	11 DATE OF BIRTH MM/DD/CCYY	11 DATE OF BIRTH MM/DD/CCYY
	09/11/2012	09/11/2012	09/11/2012
LOCAL REGISTRAR	13C DATE SIGNED MM/DD/CCYY	13C DATE SIGNED MM/DD/CCYY	13C DATE SIGNED MM/DD/CCYY
	09/04/2012	09/04/2012	09/04/2012
LOCAL REGISTRAR	14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT
	[REDACTED]	[REDACTED]	[REDACTED]
LOCAL REGISTRAR	15A DATE OF DEATH MM/DD/CCYY	15B STATE FILE NO STATE USE ONLY	15C LOCAL REGISTRAR SIGNATURE
	[REDACTED]	[REDACTED]	[REDACTED]
LOCAL REGISTRAR	16 DATE ACCEPTED FOR REGISTRATION MM/DD/CCYY	16 DATE ACCEPTED FOR REGISTRATION MM/DD/CCYY	16 DATE ACCEPTED FOR REGISTRATION MM/DD/CCYY
	09/25/2012	09/25/2012	09/25/2012

**INFORMATION ONLY
NOT A VALID DOCUMENT
TO ESTABLISH IDENTITY**

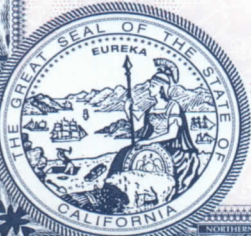
This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Jonathan E. Fielding MD
VA

DATE ISSUED

JUL 12 2013

Director of Public Health and Registrar



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.